

404-424-9966
Customer Service

SECRETARY OF STATE
Professional Licensing Boards Division
237 Coliseum Drive, Macon, GA 31217

REQUEST FOR NAME CHANGE (No Fee)

To request a name change on a license, please complete the following application and enclose a copy of the document causing the name change. There is **NO CHARGE** to change a name on a license.

DO NOT SEND ORIGINAL DOCUMENTS

Requests may be submitted by E-Mail to Trades3@sos.ga.gov or by mail to the address above.

- Complete THIS application in your new **LEGAL NAME** you wish to appear on license.
- Submit a copy of the legal documentation for changing name: Marriage Certificate, Filed Marriage License, Divorce Decree or Court Order. (Original documents will **not** be returned.)
- Please print your information clearly.

Profession: _____

GA License # _____

NEW Name:

(Last) (First) (Middle)

(Signature) (Date)

**You may also use this form to provide the Board with any new, updated demographic or e-mail address changes you wish to make.*

These changes may also be made online by you (except for the name change) @ www.sos.ga.gov/plb.

Physical Address: _____
(Street Only – NO P.O. Box # Accepted)

(City) (State) (Zip)

Mailing Address: _____
(Street or P.O. Box – This address will appear on the public listing of your license)

(City) (State) (Zip)

Phone #: (_____) _____ **E-Mail Address:** _____
(Please PRINT Clearly)

(Signature) (Date)